

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. W.	2-5-2-1-1	11-10-99
O.I.P.E. CLASSIFIER		15	7/16/99
FORMALITY REVIEW	MA	71601	7/22/99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/16/99
2	✓	✓	7/16/99
3	✓	✓	7/16/99
4	✓	✓	7/16/99
5	✓	✓	7/16/99
6	✓	✓	7/16/99
7	✓	✓	7/16/99
8	✓	✓	7/16/99
9	✓	✓	7/16/99
10	✓	✓	7/16/99
11	✓	✓	7/16/99
12	✓	✓	7/16/99
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If more than 150 claims or 10 actions  
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